## Sample Glucose Monitoring Device Policy

## **PURPOSE:**

The use of glucose monitoring is recognized as an intervention that will help save lives. The (<u>Name of Service</u>) recognizes the need for training and the need to maintain proficiency in glucose monitoring in order to provide the highest quality patient care when called upon to perform these skills.

## POLICY:

Those EMTs trained in glucose monitoring skills will review the skills on the glucose monitoring requested by the Physician Medical Director (PMD). The glucose monitoring skills to be reviewed and the competency requirements will be those identified by the PMD. Glucose monitoring skills competency will be reviewed and tested during the (Month) EMT meeting/training.

A list of names of those EMTs who have successfully demonstrated their competency skills in the use of (Glucose Monitoring device(s)) will be given to the PMD within  $(\underline{30})$  days following the competency testing and a copy of that list will be placed in the EMT service files.

Physician Medical Director's Signature	Date
EMS Officer's Signature	——————————————————————————————————————